

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	UT	6960	7/12/00
O.I.P.E. CLASSIFIER		21	7/17/00
FORMALITY REVIEW	M.M.	71628	8-18-00
RESPONSE FORMALITY REVIEW	M.M.	71629	2-1-01

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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